

OKLAHOMA ABSTRACTORS BOARD

APPLICATION CHECKLIST Application for Permit to Develop an Abstract Plant

NOTICE: Applicants are advised to carefully read and understand the Oklahoma Abstractors Act, Title 1 of the Oklahoma Statutes, and the Oklahoma Administrative Code: Rules and Regulations governing the Oklahoma Abstractors Board, Title 5.

WARNING: False statements on your application or accompanying documents, and/or non-compliance with the above rules, regulations and/or statutes are cause for revocation of your Permit and/or fines and penalties under the Rules.

In order to process your application, every item on this checklist must be included and completed. WARNING: Failure to comply with all requirements listed below could result in a delay of your Application.

- () Completed Application. Did you complete every question on the application form?
- () Signed and Notarized. Is your application appropriately signed and notarized?
- () Application Fee. Did you enclose the proper fee amount for your Application for Permit?
- () OAB Rule 5:11-3-4. Application fees for permits, certificates of authority, and renewals

For each calendar year a separate application and fee shall be submitted for each certificate of authority, permit, and renewal for each county in which the applicant desires to do business. The most recent Census may be found on this website under "Forms" for the current population count. The fee shall be as follows:

- (1) County Population of less than 10,000 \$400.00
- (2) County Population of 10,000 but less than 30,000 \$800.00
- (3) County Population of 30,000 but less than 60,000 \$1,200.00
- (4) County Population of 60,000 but less than 100,000 \$1,600.00
- (5) County Population of 100,000 but less than 200,000 \$2,400.00
- (6) County Population of 200,000 or more \$3,200.00
- () **Proper Signature(s) and Payee** Is your check properly signed? Is the payee shown as "Oklahoma Abstractors Board?"
- () Company Principles List. Did you include a list of all major (at least 10%) owners, stockholders, corporate officers and directors? If not incorporated, you must provide all company owners, officers and/or partners. The list must include the name, mailing address, e-mail address, percentage of stock, assets and shares owned by each, and phone numbers of each person listed. If you are incorporated, you must provide the name of an agent for service in the State of Oklahoma.
- () Surety Bond. A County Records Bond, based on the population of your county, must be provided pursuant to Title 1, Section 27(C).
 - (1) County Population of less than 30,000 \$15,000.00
 - (2) County Population of 30,000 but less than 60,000 \$25,000.00
 - (3) County Population of 60,000 but less than 100,000 \$50,000.00
 - (4) County Population of 100,000 or more \$100,000.00

You may obtain a bond form from the OAB that prescribes all of the required language. If you wish to use a different bond form, our office must approve same in advance.

() Abstractor License Compliance. The Rules and Regulations of the Oklahoma Abstractors Board provide:

OAB Rule 5:11-3-1. Who must hold abstract license

- (a) Any person in the employ of a holder of a certificate of authority or permit, or a holder of a certificate of authority who is an individual actively engaged in the process of preparing abstracts, or the holder of a permit who is an individual actively engaged in the construction of an abstract plant, shall be required to have an individual abstract license.
- (b) Any person who is employed by a holder of a permit or certificate of authority whose sole function is limited to reviewing documents to determine the type of instrument, date, parties, recording information and legal description, and entering such information into a manual or computer indexing system shall not be required to hold an abstract license. Such activity shall be conducted under the supervision of a licensed abstractor. Prior to the final entry of such documents to the abstract plant, a licensed abstractor must review, verify and accept such entries as final on behalf of the holder of the permit or certificate of authority. Any matter entered into the indexing system by an unlicensed person without proper licensed supervision may be deemed a violation of this Act.
- (c) The holder of a certificate of authority or permit shall provide the Board with a list of the names of licensed and unlicensed employees in such form as directed by the Board.

() <u>5:11-7-2. Renewal of permit to develop abstract plant</u>

A permit holder must actively pursue construction of the abstract plant. Failure to do so may result in revocation of permit or non-renewal by the board.

(·)	Compliance with Guidelines for Building a New Abstract Plant (OAB Form No. 009)
•	,	compliance with dulucines for bunding a fiew ribstract Flant (071b Form 100, 007)

- I. Application requirements completed and attached? () II. Requirements for posting licenses and permits completed? Surety Bond filed? () III. Indexing System for County Clerk Records approved? IV. Indexing System for Court Clerk Records approved? () V. Instrument Acquisition procedures in place? () Missing and Restored Instruments procedures in place? VI. () Read and understand "Important Notices". VII.
- () Completed Verification of U.S. Citizenship. If applicant is an individual, this is a new form required by 71 O.S. Section 56 entitled the Oklahoma Taxpayer and Citizen Protection Act of 2007. Please choose Option 1 or 2 as applicable, date, execute, and have your signature notarized.



OKLAHOMA ABSTRACTORS BOARD

421 NW 13th Street, Suite 180 Oklahoma City, OK 73103 Phone: (405) 522-5019 Fax: (405) 522-5503

APPLICATION FOR PERMIT TO DEVELOP ABSTRACT PLANT

All information submitted will be a matter of public record.

All questions must be answered completely. Send application fee and county records bond with this application. Make check payable to Oklahoma Abstractors Board. You must have a county records bond in each county that you are doing business.

In addition to the bond required, any person, firm, corporation, or other entity not engaged in the business of abstracting on January 1, 1984, shall have for use in such business an independent set of abstract books or other system of indexes compiled from the instruments of record affecting real estate in the office of the county clerk, and not copied from the indexes in said office, showing all instruments affecting title to real property on file or of record in the office of the county clerk and court clerk of said county where business is being conducted.

All permits expire annually. A permit holder who has not completed development of an abstract plant at the time the permit expires may apply for renewal of the permit. Applications for renewal must be made between the dates of sixty (60) days prior and thirty (30) days prior to the scheduled expiration of the original permit and shall be accompanied by the renewal fee. The permit holder shall comply with provisions of the Oklahoma Abstractors Act to obtain a certificate of authority after completion of the abstract plant. A permit renewal application will not be accepted by the OAB office earlier than 60 days prior to the expiration date. If the renewal application is not in the OAB office at least 30 days prior to expiration, it shall be subject to a fine and may be denied due to insufficient time for processing prior to the Board meeting.

The undersigned applicant understands that the permit requested herein is only for the county set forth below and the permit holder is totally responsible to make his own arrangements with the applicable county officials to photocopy, reproduce, or copy the instruments and records in the various county offices so as not to distract, disrupt, or interfere with the daily operation of that county office.

In compliance with the Oklahoma Abstractors Act, I hereby make application for Permit and make the following statements under oath:

Legal Name of Business							
Type of Business: _	Sole Proprietorship _	Partnership _	Corporation	Other			
Business Street A	ddress						
	Street			City	State	Zip	
Mailing Address							
_	Street			City	State	Zip	
E-mail Address_							
Phone ()	Fax ()	Con	npany TIN (if en	ntity) or SSN (ii	ndividual)		

NOTE: IF CORPORATION, LIST NAMES AND ADDRESSES OF OFFICERS, PRINCIPAL STOCKHOLDERS AND DIRECTORS. IF PARTNERSHIP, LIST NAMES AND ADDRESSES OF ALL PARTNERS. (Attach as Exhibit)

2.	Owner(s) Name									
	Residence Address					Residenc	e Phone (_)		
	Street	City	State	Zip						
3.	Mailing address, if different:	Street			City	C4-4-	7:			
					•		Zip			
4.	State in which you are an actual resident:									
5.	County in which you applied for Permit:									
6.	Population of said county:				(I	From most	recent fed	eral census)		
7.	What county or counties have you held a Permit	:								
	How many years? Was Certificate ever revoked? If so, when?									
	8. Have you or any principal been convicted of or pleaded guilty or nolo contendere to a felony or crime of moral turpitude in this state, another state, or a federal court, or are any charges pending?									
	[] Yes [] No. If answer is Yes, give con	nplete de	etails:							
	9. Are there any unpaid court judgments or liens against you at this time? If so, give location of court, case numbers, dates and amounts:									
	Have you ever filed a Petition for Voluntary Baainst you? If so, please give details:							ever been filed		
11	. Names and addresses of licensed abstractors in	your em	ploy that	will be a	ssisting i	n building	this abstra	act plant:		
_										
12	12. List names, addresses and phone numbers of three references:									
13	List bank references – Name of financial institu	tion, ban	k office, a	address a	and phon	e number:				

OAB-005

14. Do you intend to hire an outside firm plant? Yes No If yes, the name, address and pl	n or individual (third party vendor) to assist you in any way in developing your none number of firm:						
If yes, describe the way or manner in which they will be assisting you:							
I have carefully read the Oklahoma Abst the law and regulations. I further give co	tractors Act, as amended, governing said abstractors. I agree that I will conform to onsent to the completion of a background check by an accredited company and the by law. I certify that all answers given in this application are factual and true to the						
Date:	Applicant (Signature and Title)						
	Printed Name						
STATE OF OKLAHOMA) SS COUNTY OF) Subscribed and sworn before me this	:day of,						
	NOTARY PUBLIC						
My Commission Expires:							
NOTE: A FALSE STATEMENT IN TH	IIS APPLICATION IS CAUSE FOR REVOCATION OF PERMIT						
To be used by Oklahoma Abstractors Bo	pard only						
 Proper Bond Proper Application Fee References 	[] Yes [] No [] Yes [] No						
Remarks and questions:							
Date:	Reviewed by:						

OAB-005

Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Abstractors Board are required, by the provisions of 56 O.S. Supp. 2007 §71, to provide the Oklahoma Abstractors Board with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Oklahoma Abstractors Board's licensing office is staffed with notaries who are available to provide notary service at no cost to Applicants.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Option 1 – Verification of Citizenship

Affidavit of					
Affidavit of	[Applicant'	s Name]			
STATE OF OKLAHOMA))ss:					
COUNTY OF)					
perjury, as follows: I am a United States Citizen.	e, being firs	t duly sworn, upo	on his or her oa	th states, unde	er penalty of
	[Signature	of Applicant]			
Subscribed and sworn to or affirmed before	e me this	day of	, 20_	, by	
	NOTARY P	UBLIC			
My Commission Number: Expires: [Seal]		002.10			
Option 2 – Affida	avit Verifyi	ng Qualified Alier	ı Status		
Affidavit of	[Applicant'				
STATE OF OKLAHOMA)) ss:					
COUNTY OF)					
, of lawful ago perjury, as follows: I am a qualified alien under the f the United States.					
	[Signature	of Applicant]			
Subscribed and sworn to or affirmed before	e me this	day of	, 20_	, by	
My Commission Number	NOTARY P	UBLIC			
Expires:[Seal]					

OAB-005

OAB SCHEDULE OF CERTIFICATE HOLDERS

COMPANY NAME:		COUNTY:							
DATE:									
Please choose one of the sections (1-4) v	which best details your company and mark th	he box left of that section and th	en fill out all of the boxes in that section.	Mark "N/A" if not applicable.					
1. SOLE PROPRIETORS	HIP								
Please fill in the information below for e	ach owner. Do not leave empty boxes, use "	'N/A" if not applicable.		1					
NAME OF OWNER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER					
	<u>% /% /</u>								
	<u> </u>								
2. PARTNERSHIP	GENERAL	LIMITED	LIMITED LIABILITY						
	ach partner. Add a separate sheet if more s			le to the type of partnership.					
NAME OF PARTNER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	TYPE OF PARTNER				
	%/%/								
	%/%/ %/ %/								
	3. CORPORATIONS - CORPORATIONC - CORPORATION								
Please fill in the information below for e	ach Officer and Director. Add a separate sho	·	····	oration.					
Name of Agent for Service of	of Process:	Address where	service is accepted:						
NAME OF OFFICER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	TITLE				
	%/%/								
	%/%/ %/ %/								
NAME OF DIRECTOR(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	TITLE				
TO THE OF BINESTON, OF	%/	EIVINILE NOBILEGO	10,71121114071203	THORE HOMBER	11122				
	%/%/								
	%/%/								
4. LIMITED LIABILITY COMPANY									
Please fill in the information below for each Manager / Member. Add a separate sheet if more space is needed. Please attach a copy of the LLC papers appointing the Managers / Members.									
Name of Agent for Service of Process: Address where service is accepted:									
NAME OF MANAGER(S) /		5144W ADDD500		2112115 11111 1252	MANAGER OR				
MEMBER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	MEMBER?				
	%/%/								
	%/%/ %/%/								
	⁷⁰ / ⁷⁰ /								

OAB-005